



U.S. Department of Justice

United States Marshals Service

Northern District of New York

Syracuse, NY 13261-7260

DATE: January 21, 2014

CASE NO: 8:13-CV-1127

TO:

Michael R. Smith

RE: ATTEMPTED SERVICE ON

Vlock and Associates, P.C., Stephen Vlock, New Falls, DEFENDANT
Corp.

Service of process regarding the above case was attempted on 11/22/13.

Form USM 299, Acknowledgment of Receipt of Summons and Complaint by Mail, was NOT returned to this office within thirty days of initial mailing by the defendant named on the attached USM 285. Therefore, the U.S. Marshals Service, NDNY, is returning the USM 285 unexecuted.

If you desire this office to make any further attempt to serve the summons and complaint on this defendant, please notify us in writing and submit a new US Marshals form USM 285, summons and complaint along with your request for service in accordance with Rule 4 of the Federal Rules of Civil Procedure.

FAILURE TO COMPLETE SERVICE ON A DEFENDANT MAY RESULT IN A
DISMISSAL OF YOUR COMPLAINT AGAINST THAT DEFENDANT.

Sincerely,

A handwritten signature in black ink, appearing to read "David L. McNulty", is written over the typed name.

David Mc Nulty
United States Marshal
Northern District of New York

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Michael R. Smith		COURT CASE NUMBER 8:13-CV-1127 (LEK/RFT)	
DEFENDANT New Falls Corporation, et al.		TYPE OF PROCESS summons & complaint	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Vlock and Associates, PC		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 380 Madison Ave., 22nd Floor, New York, NY 10017		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
Michael R. Smith 26 County Route 18 Lake Clear, NY 12945		Number of parties to be served in this case	3
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Synda Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 518-257-1804	DATE 11/20/2013
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 52	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk DLM	Date 11/22/13
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete only if different than shown above)	<table border="1"> <tr> <td>Date of Service W/E</td> <td>Time am pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy <i>[Signature]</i></td> </tr> </table>	Date of Service W/E	Time am pm	Signature of U.S. Marshal or Deputy <i>[Signature]</i>	
Date of Service W/E	Time am pm				
Signature of U.S. Marshal or Deputy <i>[Signature]</i>					

Service Fee 800	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 800	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Served via USPS 11/22/13
Form 299 Rec'd W/EPRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Michael R. Smith	COURT CASE NUMBER	8:13-cv-1127 (LEK/RFT)
DEFENDANT	New Falls Corporation, et al.	TYPE OF PROCESS	summons & complaint
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	New Falls Corporation		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	100 North Center Street, Newton Falls, OH 44444		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
Michael R. Smith 26 County Route 18 Lake Clear, NY 12945		Number of parties to be served in this case	3
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Lynda Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 518-257-1804	DATE 11/20/2013
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service 11/22	Time am pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>	
Service Fee 800	Total Mileage Charges (including endeavors)	Forwarding Fee
	800	
Total Charges	Advance Deposits	Amount owed to U.S. Marshal or
		Amount of Refund

REMARKS:

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Form 299 Rec'd *W/E*PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Michael R. Smith	COURT CASE NUMBER 8:13-cv-1127 (LEK/RFT)
DEFENDANT New Falls Corporation, et al.	TYPE OF PROCESS summons & complaint

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { **Stephen Vlock, 380 Madison Avenue, 22nd Floor, New York, NY 10017**
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

~~Stephen Vlock~~
Michael R. Smith
26 County Route 18
Lake Clear, NY 12945

Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

3

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT
TELEPHONE NUMBER
518-257-1804DATE
11/20/2013**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 52	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk DLW	Date 11/22/13
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on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service
U/E Time
am
pm

Signature of U.S. Marshal or Deputy

Service Fee 800	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 800	Advance Deposits	Amount owed to U.S. Marshal of	Amount of Refund
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REMARKS:

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 Form 299 Rec'd U/E